

441—78.18(249A) Screening centers. Payment will be approved for health screening as defined in subrule 84.1(1) for individuals under 21 years of age who are eligible for medical assistance.

78.18(1) Screening centers which wish to administer vaccines which are available through the vaccines for children program to Medicaid recipients shall enroll in the vaccines for children program. In lieu of payment, vaccines available through the vaccines for children program shall be accessed from the department of public health for Medicaid recipients. Screening centers shall receive reimbursement for the administration of vaccines to Medicaid recipients.

78.18(2) Payment will be approved for necessary laboratory service related to an element of screening when performed by the screening center and billed as a separate item.

78.18(3) Periodicity schedules for health, hearing, vision, and dental screenings.

a. Payment will be approved for health, vision, and hearing screenings as follows:

- (1) Six screenings in the first year of life.
- (2) Four screenings between the ages of 1 and 2.
- (3) One screening a year at ages 3, 4, 5, and 6.
- (4) One screening a year at ages 8, 10, 12, 14, 16, 18, and 20.

b. Payment for dental screenings will be approved in conjunction with the health screenings up to age 12 months. Screenings will be approved at ages 12 months and 24 months and thereafter at six-month intervals up to age 21.

c. Interperiodic screenings will be approved as medically necessary.

78.18(4) When it is established by the periodicity schedule in 78.18(3) that an individual is in need of screening the individual will receive a notice that screening is due.

78.18(5) When an individual is screened, a member of the screening center shall complete a medical history. The medical history shall become part of the individual's medical record.

78.18(6) Payment will be approved for early and periodic screening, diagnosis and treatment (EPSDT) targeted case management services (hereinafter referred to as EPSDT information and care coordination) for persons under age 21.

EXCEPTION: Payment will not be approved for persons under age 21 who are medically needy recipients as defined at 441—subrule 75.1(35) who are subject to spenddown, or enrolled in a health maintenance organization or foster care.

a. Information and care coordination services shall be provided by a registered nurse or persons with at least a bachelor's degree in health education, social work, counseling, sociology, or psychology. A licensed practical nurse or a paraprofessional may provide the service if the licensed practical nurse or paraprofessional works under the direct supervision of a health professional, such as a registered nurse or person with at least a bachelor's degree in health education, social work, counseling, sociology, or psychology. Payment for information services shall be provided only to designated department of public health agencies.

b. EPSDT information and care coordination services are as follows:

(1) Information activities which are face-to-face visits (including home visits), telephone contacts or written correspondence made for the purpose of promoting preventive health care. Information activities shall be provided to guardians or custodians within 60 days of a determination of Medicaid eligibility for persons under age 21. Activities shall utilize accepted methods for informing guardians or custodians who are illiterate, blind, deaf, or cannot understand the English language. Information activities include:

1. An explanation of the benefits of preventive health care and EPSDT information and care coordination services.

2. A description of services provided in periodic exams.

3. A summary of the periodicity schedule.

4. Information on how EPSDT services can be obtained.

5. Information on the available health resources in the community.

6. Information about other programs which may be of assistance such as head start, child health specialty clinics, women, infants and children (WIC) services, local and area education agencies, local parenting programs, mental health services and social service agencies.

7. A determination of whether the eligible child or youth's legal guardian, and in some cases custodian, wants to participate in care coordination services. At a minimum if the guardian or custodian chooses not to receive the initial screen, the care coordinator will document the decision and recontact the guardian or custodian in a year. If there are children under the age of two, the care coordinator will document the decision and recontact the guardian or custodian within six months if the first decision is not to receive the initial screen.

(2) Care coordination services are defined as ongoing activities which can be face-to-face visits (including home visits), telephone contacts or written correspondence which ensure that EPSDT services are received by children and youth participating in the EPSDT program. Ongoing activities include:

1. Providing the assistance needed to receive early and periodic screenings, and diagnostic and treatment services. Assistance may include, but is not limited to, explaining the necessity for the service, locating needed health care services, scheduling an appointment, arranging transportation, or child care. Arranging transportation or child care does not mean the care coordinator has to transport the recipient or pay for transportation or provide or pay for child care.

2. Authorizing transportation not covered under rule 441—78.13(249A). Payment will be approved for in-town transportation authorized by the EPSDT care coordinator for EPSDT screens, follow-up diagnosis, or treatment services which are not eligible for payment under rule 441—78.13(249A).

3. Establishing and maintaining community linkages with other preventive health care providers in the community such as dentists, primary care physicians, child health centers, WIC, head start, child health specialty clinics, and local and area education agencies must be included in care coordination services.

4. Monitoring to determine that screening and medically necessary diagnostic and treatment services have been received.

5. Maintaining documentation of the care coordination services, including all contacts with and on behalf of recipients; date of care coordination service; name of agency providing care coordination; staff person providing the service; nature, extent, or units of service; and place of service delivery.

6. Notifying the guardian or custodian when the next screening is due.

7. Providing ongoing information about other programs which may be of assistance such as head start; child health specialty clinics; women, infants and children (WIC) services; local and area education agencies; local parenting programs; mental health services and social service agencies.

78.18(7) Payment will be made for persons aged 20 and under for nutritional counseling provided by a licensed dietitian employed by or under contract with a screening center for a nutritional problem or condition of a degree of severity that nutritional counseling beyond that normally expected as part of the standard medical management is warranted. For persons eligible for the WIC program, a WIC referral is required. Medical necessity for nutritional counseling services exceeding those available through WIC shall be documented.

78.18(8) Payment shall be made for dental services provided by a dental hygienist employed by or under contract with a screening center.

This rule is intended to implement Iowa Code section 249A.4.